

## Best Available Copy

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.  
**101828533**  
APPLICANT(S)

FILING DATE

**8/25/01****CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
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49			/			
50			/			
TOTAL IND.			3			
TOTAL DEP.			28			
TOTAL CLAIMS			31			

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL DEP.						
TOTAL CLAIMS						

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